

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10666120</u>	FILING DATE <u>09-19-03</u>				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
NO.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.	
1									51			
2									52			
3									53	/		
4									54	/		
5									55	/		
6									56	/		
7									57	/		
8									58	/		
9									59	/		
10									60	/		
11									61	/		
12									62	/		
13									63	/		
14									64	/		
15									65	/		
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17									67	/		
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42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.						TOTAL IND.		2				
TOTAL DEP.						TOTAL DEP.		15				
TOTAL CLAIMS						TOTAL CLAIMS		17				